

LEGRAPHIC MESSAGE					
NAME OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION			
DUTH DUC HOMES DADO	ACTION:				
DHEW, PHS, HSMHA, RMPS	INFO:				
ACCOUNTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE			
3-3971015 7530321 23.6J	4/5/73	SINGLE			
FOR INFORMATION CALL	PHONE NUMBER	BOOK			
Cleveland R. Chambliss	31580	MULTIPLE-ADDRESS			
THIS SPACE FOR USE OF COMMUNICATION UNIT					
	•				
	(Use double spacing and all capital l	etters)			
TO:					
CHARLES W. SILVERBLATT, M.D. COORDINATOR	TO: JAMES L. DENNI VICE PRESIDENT				
ARKANSAS REGIONAL MEDICAL	SCIENCES	FOR REALIN			
PROGRAM	UNIVERSITY OF				
500 UNIVERSITY TOWER BUILDING 12th AT UNIVERSITY	MEDICAL CENT	4			
LITTLE ROCK, ARKANSAS	4301 WEST MARK LITTLE ROCK, A				
MR. DAVID EUBANKS ACTING PROGRAM DIRECTOR, RMP					
OFFICE OF THE REGIONAL HEALTH					
DIRECTOR					
DHEW REGION VI 1114 COMMERCE STREET					
DALLAS, TEXAS					
· · · · · · · · · · · · · · · · · · ·					
THIS IS TO ADVISE YOU OF THE DECISIONS F	DECHLITING EDOM DEVICE	DV DADE OF			
THIS IS TO ADVISE TOO OF THE DECISIONS R	RESULTING PROM REVIEW	BY KINDS OF			
THE PHASE-OUT PLANS SUBMITTED ON MARCH I	5 BY THE ARKANSAS RE	GIONAL			
MEDICAL PROGRAM. THE DECISIONS ARE AS F	TOLLOWS:	, and the second			
The state of the s					
IS FEBRUARY 14, 1974. THIS IS THE DATE BEYOND WHICH NO RMPS					
GRANT FUNDS MAY BE EXPENDED.					
2. THE APPROVED DIRECT COST IS NOW	\$2,610,788 PLUS APPI	ROPRIATE			
INDIRECT COSTS. AN AMENDED AWA	RD WILL BE ISSUED FO	R THE NEW			
APPROVED BUDGET PERIOD JANUARY	1, 1972 THROUGH FEBRU	JARY 14,			
1974.		SECURITY CLASSIFICATION			
3. FUNDS MAY BE EXPENDED AFTER 6/3	0/73 RAGE NO. NO. OF PGS.				
	1 1				

STANDARD FORM 14
REVISED AUGUST 1967
GSA EPMR (A) CHRI 101-35

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FOR INFORMATION CALL	FOR INFORMATION CALL					
NAME	PHONE NUMBER:	BOOK MULTIPLE-ADDRESS				
THIS SPACE FOR USE OF COMMUNICATION UNIT						
		and the second s				
MESSAGE TO BE TRANSMIT	TED (Use double spacing and all capital	letters)				
FOR ONLY THOSE PROGRAMMATIC A	CTIVITIES LISTED BELOW	(:				
NUMBER TITLE	•					
#27 TRAINING FOR MEDICAL TECHNICIANS						
#35 CONTINUING EDUCATION FOR DIETITIANS						
#36 CONTINUING EDUCATION FOR NURSING HOME PERSONNEL						
#37 COMP. PROGRAM FOR KI	#37 COMP. PROGRAM FOR KIDNEY DISEASE TRANSPLANT					
#38 UNIV. MEDICAL EXT. SERVICE FOR RURAL ARKANSAS						
#39 CARDIAC REHABILITATI	#39 CARDIAC REHABILITATION					
#40 HEALTH SERVICES CONS	#40 HEALTH SERVICES CONSUMER EDUCATION PROGRAM					
THOSE NEW STARTS OF MINI GRANTS AND PROJECTS SHOULD NOT BE						
INITIATED SO AS TO CONFORM TO THE REQUIREMENTS OF THE PHASE-OUT.						
ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY						
CONTRACTED, MUST BE TERMINATED BETWEEN NOW AND JUNE 30.						
4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL.						
EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS						
SHOULD BE KEPT AT A MINIMUM.						
5. IN SUMMARY, THE ABOVE FUNDING	LEVEL WAS DERIVED TO	PROVIDE				
SUPPORT BEYOND JUNE 30 FOR TH	E PROJECTS AND ACTIVIT	TIES SECURITY CLASSIFICATION				
LISTED ABOVE AND FOR PROGRAM						
NEEDED TO MONITOR PROJECT ACT	IVITY 2 3					

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GRAPHIC MESSAGE

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	- ACTIO	DN:	•			
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ACCOUNTING CLASSIFICATION	DATE P	REPARED		TYPE OF MESSAGE		
FOR INFORMATION CALL	<u> </u>	· · · · · · · · · · · · · · · · · · ·		SINGLE		
NAME	PHONE	NUMBER	~	BOOK MULTIPLE-ADDRES	•	
THIS SPACE FOR USE OF COMMUNICATION UNIT	<u> </u>		·	MOLTIFLE-ADDRES	···	
THIS STACE FOR USE OF COMMUNICATION UNIT						
MESSAGE TO BE TRANSMITTED	D (lise do	uhle shacing a	nd all catital le	etters)		
TO:	- 1030 20	and spacing a	,,,, a.z,,,,,,,,,,,,,,,,,,,,,,,,,,,			
AND TO ASSURE COMPLIANCE WITH	CLOSE-	OUT REQ	UIREMENT:	S BY	٠.	
FEBRUARY 14, 1974.						
					·	
THE ABOVE INFORMATION IS NOT INTENDED TO	O BE A	N ALL-I	NCLUSIVE	RESPONSE		
TO YOUR PROPOSED PLANS FOR EQUIPMENT DIS	SPOSAL	, RECOR	DS RETEN	TION, USE		
or GRANT-RELATED INCOME, ETC. RATHER,	IT REP	RESENTS	OUR JUD	GMENT		
ABOUT THE BASIC DECISIONS NEEDED TO ENAM	RFF AC	O TO IN	IIIALE P	HASE-UUI		
OPERATIONS AND NEGOTIATIONS.						
WE EXPECT THAT YOU WILL HAVE QUESTIONS A	AND WE	UPGF V	OH TO CA	I THE		
		•				
GRANTS MANAGEMENT BRANCH (301/443-1800)	FUK P	1221214N	CE AS NE	EDED.		
THE GRANTS MANAGEMENT STAFF WILL ALSO BI	E CONT	ACTING	YOU REGA	RDING	•	
SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO						
BE PREPARED TO SUPPORT THE AMENDED AWARI	D NOTI	CE.			·	
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$f(x) = \int_{\mathbb{R}^n} dx dx$						
			ES, M.D.	·		
DIRECTOR REGIONAL MEDICAL PROGRAMS SERVICE						
KI	EGIUNA	IL MEDIC	AL PKUGK	ario oekvile		
				SECURITY CLASSIFICATE	ON	
1	1	PAGE NO.	NO. OF PGS.			
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